

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

Summer 2011

GROUP INSURANCE COMMISSION

*Providing State and Participating
Community Employees, Retirees,
and Their Dependents with Access
to Quality Care at
Reasonable Costs*

Inside This Issue of FYB:

- Payment Reform and What Could
Change in Health Care Delivery
.....page two
- Weigh the Risks Before Electing
to be Induced or Have a Caesarean
.....page three
- Two New Commissioners Share
Their Perspectives on the GIC's Role
in Health Care Reform
.....page six
- WellMASS Downsizes Waistlines
.....page six
- Tufts Health Plan Scholarship
Opportunity
.....page eight
- Municipal Data Request Procedures
.....page eight

See pages 4-5 for
photos from this
year's GIC annual
enrollment and
health fairs.

State Employee Health Insurance Re-enrollment and Incentive to Join Limited Network Plans an Overwhelming Success

Continuing to offer high quality health insurance options while controlling costs for both the Commonwealth and state employees was the goal for this year's annual enrollment: by all measures the goal was met with an overwhelming success. Active state employees who resided in Massachusetts and had GIC health insurance were required to re-enroll in health insurance for coverage effective July 1, 2011. Employees were given an incentive of a three-month premium holiday – free health insurance – if they enrolled in one of the GIC's six limited network plans. Not only did over 99% of employees re-enroll in health insurance, but over thirty-one percent of these employees elected to save money and chose a less expensive, limited network plan, which will save the Commonwealth millions of dollars for the year.

"We assumed that five percent of employees would not re-enroll in health insurance and that we would need to pick their plan for them," said the GIC's Executive Director, Dolores L. Mitchell. "To reach almost full re-enrollment exceeded our most optimistic expectations."

The steps taken to ensure a successful enrollment included:

- ❖ A comprehensive communications campaign combined with outreach by GIC Benefit Coordinators and union officials: five home mailings complemented with email, website, press releases, pay advice messages, and 14 health fairs, three of which included sign language interpretation services;
- ❖ A customized re-enrollment form that enabled employees to simply check and sign for their health plan choice and which could be scanned into the GIC's system for expedited processing; and
- ❖ Those who did not respond were enrolled in health coverage by the GIC.

The incentive to join a limited network plan, which essentially offers the same benefits as the more expensive health plans, but with fewer physicians, hospitals,

continued on page 2

State Employee Health Insurance Re-enrollment and Incentive to Join Limited Network Plans an Overwhelming Success

continued from page 1

and other providers, was also a tremendous success. Before the enrollment, 19% of state employees were enrolled in limited network plans and that percentage jumped to 31% after annual enrollment. Employees who enrolled or re-enrolled in a limited network plan are estimated to save in premiums on average over \$600 for an individual and over \$1,400 for a family plan. The Commonwealth will also save money as the more expensive providers are not usually included in these networks.

“The state’s new fiscal reality demands that we look toward creative solutions to controlling health care costs

while continuing to provide quality health care,” said Secretary of Administration and Finance Jay Gonzalez. “The GIC came up with an innovative strategy where both state workers and the Commonwealth save money, while continuing to provide state workers access to high-quality, lower cost health care providers.” Ms. Mitchell added, “State employees stepped up to the plate to make this ground-breaking program a success. GIC Coordinators and staff made sure employees knew about the re-enrollment and took action, and worked hard to make it a smooth and successful campaign. The Administration is very appreciative of these efforts.”

Thank You GIC Coordinators!

Congratulations and thank you to the over 700 GIC state benefit coordinators for making this year’s health insurance re-enrollment a success! Coordinators were on the front line during annual enrollment - answering employees’ questions, helping them weigh their options and making sure re-enrollment forms were completed and returned. Coordinators’ support and cooperation was instrumental in achieving an almost 100% health insurance re-enrollment. The GIC sends a big “thank you” for your efforts!

Payment Reform and What Could Change in Health Care Delivery

One of Governor Deval Patrick’s major goals for his second term is health care payment reform and cost containment. In the last ten fiscal years, growth in state spending for health care, including the GIC, has increased by 76%, while higher education, public health, and environmental programs have suffered major cuts, according to The Massachusetts Budget and Policy Center. The GIC supports the Governor’s efforts, not only because it will help with our own and members’ costs, but also because it will free up funds for these other important programs.

The GIC’s Executive Director, Dolores L. Mitchell, is a member of the Massachusetts Payment Reform Commission that originally recommended ending the fee for service payment system and replacing it with global payments. Currently most doctors, hospitals, and other care providers receive payment for each test and procedure they perform, which rewards volume over efficiency. With global payments, groups of doctors, hospitals and other providers,

get a fixed fee for taking care of a patient for a period of time. This change would mean that providers would get paid for health outcomes and coordination of care. Federal health care reform supports similar initiatives.

A much discussed method of delivery under payment reform is an Accountable Care Organization (ACO), a strategy to create an organized, integrated system of care for the patient that offers doctors and hospitals financial incentives to provide good quality care while keeping down costs. Bundled payments, where there is a set amount to treat certain conditions, such as for a heart attack or knee replacement, is under consideration either as an option on its own or as part of a global payment system. “Over the next few years, there will be a competition of approaches to integrate payments that support the health care delivery system,” says Ray Campbell, Executive Director of the Massachusetts Health Data Consortium.

continued on page 3



Weigh the Risks Before Electing to be Induced or Have a Caesarean

U.S. labor induction rates have more than doubled in a sixteen year period and state caesarean rates increased to one in three births from one in five in a twelve year period, according to a National Vital Statistics Report and The Massachusetts Department of Public Health. These increases have corresponded with a significant fall in the mean birth weights of newborns. Studies suggest that patient and physician convenience, coupled with the fee-for-service payment model, where caesarean (c-sections) cost an average of \$3,500 more than vaginal deliveries, are likely drivers of these alarming trends.

Both mother and child have increased risks from early birth inductions and caesareans. Women who are induced in the 37th to 38th week of pregnancy have a significantly higher risk of a c-section, and once mothers have had a c-section, they are more likely to have one in the future, adding to their risk. Postpartum complications from c-sections include hematoma (a tissue blood mass), wound opening, anemia, endometriosis, urinary tract infection, and sepsis, according to *The American Journal of Obstetrics & Gynecology*. Babies whose mothers are induced before the baby is 39 weeks have a higher likelihood of death, being admitted to a Neonatal Intensive Care Unit (NICU), feeding disorders, and life-long health problems, according to the journal.

You can protect yourself and your baby by not scheduling a delivery before 39 weeks without a sound medical reason and researching hospitals' early induction rates. Reasons to have an early induction include pre-labor

rupture of membranes at 37-42 weeks (broken water), pregnancy that has lasted more than 41 weeks, and mild high blood pressure at full term. Common reasons for induction that are not supported by research include a "too big baby" and "too small baby," according to Childbirth Connection, a national not-for-profit organization devoted to improving the quality of maternity care (www.childbirthconnection.org).

The Leapfrog Group, a coalition of public and private purchasers of health benefits, including the GIC, recently added hospitals' performance on deliveries scheduled too early to its online Hospital Survey of patient safety measures. The Leapfrog Group's target for a caesarean section and/or induction rate is less than 12% of the total number of non-medically indicated deliveries occurring between the 37th and 39th week of gestation. This target number will be lowered to 5% for 2011. There is a wide disparity in these rates for Massachusetts hospitals ranging from 0% to over 40%. Hospitals that have excellent results include Beth Israel Deaconess Medical Center in Boston; Cambridge Health Alliance, Cambridge; Caritas Good Samaritan Medical Center in Brockton; Fairview Hospital in Great Barrington; Falmouth Hospital; Metrowest Medical Center; Morton Hospital in Taunton; Signature Healthcare Brockton Hospital; and Winchester Hospital. *See the Too Early Deliveries section of Leapfrog's website for hospital ratings and other links and resources for information on this important topic (www.leapfroggroup.org/tooearlydeliveries).*



Payment Reform and What Could Change in Health Care Delivery

continued from page 2

So, what changes might patients see under payment reform?

- ❖ Better coordination of care and reduced increases in costs.
- ❖ Primary Care Physicians will take on a greater role – coordinating your care with nurses, hospitals, psychologists and nutritionists.
- ❖ The doctor's office will call you with test results instead of you needing to call the office.
- ❖ No need to get the same test four times at four different offices – test results will be shared when needed between providers with electronic medical records.
- ❖ Less need to go to the Emergency Room at 5 PM as doctors' offices will be open later.
- ❖ Different ways to communicate with your doctor instead of only in person, such as via telephone and computer.

Photos from This Year's Annual Enrollment



Roberta Ricci scans in a re-enrollment form at the GIC ER (Enrollment Room).



Cindy McGrath, GIC Communications Director, provides information and instructions to GIC Benefit Coordinators about the health insurance re-enrollment at one of the training sessions that took place at One Ashburton Place in Boston.



Judy Settana, the GIC's Supervisor of Public Information, helps Theresa Tarawali at the health fair held at Wrentham Developmental Center.



Renee Priest (right), employee at the Fernald State School, researches her health plan options at the fair held at Massasoit Community College in Brockton. Her daughter, Analise Tamara Priest and grandchild, Burgus, attended the fair with her.



Glenda DeBarge of Health New England describes HNE benefits available to Western Massachusetts residents.



Lisa Doherty, Personnel Officer, and Maryann Famiglietti, Benefits and Leaves Specialist, for the Department of Developmental Services, help their employees re-enroll in health insurance benefits at the fair held in Wrentham.



Anne Brogan of The Hartford provides information about GIC life insurance benefits at the health fair held at Berkshire Community College.



Fallon Community Health Plan adopted an orange theme for their marketing materials during this year's annual enrollment. Jason Fortin staffs the Fallon booth in Pittsfield.



John P. Walsh, Chief Probation Officer, Pittsfield District Court and former GIC Commissioner, stops by to say hello to GIC Executive Director, Dolores Mitchell, at the fair in Pittsfield. The GIC's Director of Operations, Paul Murphy, and Deputy Director, Bob Johnson, are in the background.



Cindy Murray, Staff Interpreter for the Mass Commission for the Deaf and Hard of Hearing, provides sign language interpretation for GIC Deputy Director, Bob Johnson's answers at the fair held at Berkshire Community College. Sign language services were offered this year at fairs held in Boston, Worcester and Pittsfield.



Jenny Markwarth (right) of Harvard Pilgrim Health Care answers Secretary of Administration and Finance, Jay Gonzalez's, questions about HPHC's health plan options. GIC Executive Director, Dolores L. Mitchell, looks on.



Richard Buividas, a House of Representatives Court Officer, looks at a UniCare Community Choice brochure with Jay Gonzalez, Secretary of Administration and Finance, and Dolores Mitchell, GIC Executive Director, at one of the fairs held at the Transportation Building.

Two New Commissioners Share Their Perspectives on the GIC's Role in Health Care Reform

New Commissioners Kevin Drake and Candace Reddy may have different constituent concerns, but are on the same page about ways the GIC can play a role in health care reform. Commissioner Kevin Drake is a state union representative to the Commission who recently filled the Council 93, AFSCME, AFL-CIO position. Candace Reddy is the new designee for Jay Gonzalez, Secretary of Administration and Finance. Both of the newest Commissioners are favorable about the GIC's limited network plan options and feel that controlling costs while maintaining quality coverage are important goals of the Commission.



Commissioner Candace Reddy

Commissioner Reddy says that the Commission has taken an innovative approach to addressing cost containment strategies. She cites the GIC's active state employee re-enrollment success of over 99%, coupled with the limited network incentives, as some of the reasons for the commendable 2.4% average health plan rate increase

for FY12. Commissioner Reddy looks forward to the challenges ahead and the GIC's role in helping to contain health care costs. "I look forward to addressing additional issues related to health care cost containment measures as the Commonwealth shifts our health care delivery system from a fee-for-service system to a global payment system," she says. Commissioner Drake says that providing coverage to members at the best price possible, while providing some relief to cities and towns, is very challenging during the current difficult economic period.



Commissioner Kevin Drake

Commissioner Drake has worked for the Commonwealth for the last 25 years. He is currently a Recreational Facility Supervisor with the Department of Conservation and Recreation, overseeing various locations, including Houghton's Pond in Milton. Commissioner Reddy has worked for the Executive Office for Administration and Finance since 2007 and is currently the Assistant Budget Director and Senior Advisor for Health Care Finance and Policy. The GIC extends a warm welcome to our newest Commissioners!



Ethan Plumer, Personal trainer and staff member of Boston Sports Club, conducted weekly weigh-ins of WellMASS participants.

WellMASS Downsizes Waistlines

The GIC's WellMASS weight loss pilot program, held at Boston's McCormack Building was a popular program that produced results. Held in the fall, winter and spring, total weight loss across all 86 participants who stayed through the duration of the program was 854 pounds. Participants lost between 1.93 and 13.8 percent of their total body weight.

The program included weekly weigh-ins, speakers who provided tips on diet, nutrition, fitness, weight loss strategies and motivation techniques. During the first part of the program, financial incentives ranged from \$50 to \$100 for the biggest weight loss. These incentives increased to \$75 to \$150 for the winter/spring session. In addition to the Commission's support, the GIC received program support from our health plans and the Boston Sports Club. Program participants expressed both enthusiasm and appreciation for the program. Thanks to the success of this program, the GIC is now evaluating options to offer wellness programs to a broader group of members.

Letters to the Editor



"A simple thank you to the GIC does not seem adequate. Since 1992, UniCare and the GIC have stood by my side and never let me down. I had major surgery, a splenectomy, followed by the discovery of lymphoma and underwent three months of extensive chemotherapy and blood tests. (Additional surgery) and physical therapy (followed) and the GIC and UniCare (Medicare Extension) were always there for me. My out-of-pocket expenses were next to nothing. So, I think you can understand why I will be forever grateful and a "thank you" is all I have."

— S. Tragakis, Ft. Myers, FL

The GIC welcomes your feedback. We will include selected letters in our newsletter. Or, submit a letter and request that we not reprint it. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to Cindy McGrath, Editor, For Your Benefit, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.

Keep in Mind



Q) What are the consequences if I cancel or do not pay Medicare Part B?

A) If you cancel or do not pay for Medicare Part B, the GIC is required to terminate your GIC health coverage. This would mean that you would only have Medicare Part A coverage for inpatient hospital care. You would no longer have coverage for:

- ❖ Physician office visits
- ❖ Prescription drugs
- ❖ Outpatient mental health/substance abuse care
- ❖ Outpatient surgery
- ❖ X-rays and diagnostic tests
- ❖ Hearing aids

For answers to other frequently asked questions, see the Status Changes questions and answers section of our website: www.mass.gov/gic.

GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan, Primary Choice Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care (<i>Neighborhood Health Plan</i>)	1-800-462-5449 www.nhp.org
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Medicare Complement, Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan Basic, Community Choice, Medicare Extension (OME), & PLUS Prescription Drugs (<i>CVS Caremark</i>)	1-800-442-9300 www.unicarestatplan.com 1-877-876.7214 www.caremark.com
Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)

Other Benefits for State Enrollees



Life Insurance and AD&D (<i>The Hartford</i>)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (<i>Unum</i>)	1-877-226-8620 www.mass.gov/gic
Health Care Spending Account (HCSA) & Dependent Care Assistance Program (DCAP) (<i>Benefit Strategies</i>)	1-877-353-9442 www.mass.gov/gic
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>Davis Vision</i>)	1-800-650-2466 www.davisvision.com

Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA) www.mass.gov/rmtts
Medicare (<i>Federal Program</i>)	1-800-633-4227 www.medicare.gov
Social Security Administration (<i>Federal Program</i>)	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/retirement

Other Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
--	--

For Your Benefit is published by the Massachusetts
GROUP INSURANCE COMMISSION
Dolores L. Mitchell, Executive Director
Cindy McGrath, Editor

*Providing Massachusetts State and Participating Community Employees,
Retirees, and Their Dependents with Access to Quality Care at
Reasonable Costs*

Inside...

- Thank You GIC Coordinators!
- Payment Reform and What Could Change in Health Care Delivery
- Two New Commissioners Share Their Perspectives on the GIC's Role in Health Care Reform

Tufts Health Plan Scholarship Opportunity



If your child is attending college full-time and pursuing a career in health care, particularly the allied health field, encourage him or her to apply for one of two \$2,500 Tufts Health Plan scholarships.

To be eligible, the student must be GIC-eligible with a parent or legal guardian enrolled in one of the GIC's health plans. Other requirements include:

- ❖ Undergraduate student currently enrolled full-time in an accredited two or four-year college or university who has completed at least one semester of college as of July 29, 2011;
- ❖ Minimum GPA of 3.0; and
- ❖ Demonstrated interest in a health care career, with preference given to applicants who plan on a career in the allied health field.

The application deadline is July 29, 2011, and recipients will be notified by August 26, 2011. For additional details and the application, see the GIC's website: www.mass.gov/gic.

Municipal Data Request Procedures

Participating municipalities that wish to request utilization data for purposes of analyzing continued participation in the GIC after the coverage interval of three or six years, may do so by completing the following steps:

- ❖ Make the request in the preceding or fiscal year in which a given Public Employee Committee (PEC) agreement is open to negotiation;
- ❖ Submit the request—single request only - in writing to the GIC **at least 60 days** before the data is needed;
- ❖ The request should be made by and signed by the appropriate legal representative of the public authority, as defined in M.G.L. c.32B s.2(a).

Additional details about municipal data requests, including the data elements provided and privacy security details, may be found in the Administrative Bulletins section of the GIC's Regulations on our website (www.mass.gov/gic).